

## YOUR HEARING RIGHTS

### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have 10 days to ask for a hearing if you want to keep your Drug Medi-Cal benefits until your hearing.

### To Keep Your Same Benefits While You Wait For a Hearing

- You must request a hearing before the action takes place.
- Your Medi-Cal will stay the same until your hearing.

### To Get Help

- You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call 1-800-952-8349

### Other Information

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give a copy of your file to the California Department of Alcohol and Drug Programs. (W. & I. Code Section 10950)

## HOW TO ASK FOR A STATE HEARING

**The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send this page to:**

California Department of Social Services  
State Hearings Division  
P.O. Box 944243, M.S. 19-37  
Sacramento, California 94244-2430

### Or request a hearing by phone at:

Toll free: 1-800-952-5253  
If you are deaf and use TDD, call 1-800-952-8349

### HEARING REQUEST

I want a hearing because of an action by the AOD provider about my ☐ Medi-Cal eligibility or ☐ Other (list) \_\_\_\_\_

**Here's why:** \_\_\_\_\_

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☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ I need a free interpreter.

My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient I.D. Number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

